

EXHIBIT 19

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FINANCIAL ANALYSIS FORM

Account Number 7440353498

I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant			
Borrower		Co-Borrower	
Borrower's Name: <u>Pamela Longoni</u>		Co-Borrower's Name: <u>Jean Gagnon</u>	
Social Security Number: <u>530 84 6173</u>	Date of Birth: <u>02/05/64</u>	Social Security Number: <u>530 79 2165</u>	Date of Birth: <u>04/12/62</u>
Home Phone Number with Area Code: <u>775 746 4365</u>		Home Phone Number with Area Code: <u>775 746 4365</u>	
Cell or Work Number with Area Code: <u>775 530 5251</u>		Cell or Work Number with Area Code: <u>775 291 0666</u>	
Mailing Address: <u>5540 Twin Creeks Drive</u>		<u>Reno NV 89523</u>	
Property Address (if same as mailing address, just write same): <u>Same</u>		Email Address: <u>plongoni@etsreno.com</u>	
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of offer: _____ Amount of Offer \$: _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No \$: _____ Paid to: _____		Who pays the hazard insurance policy for your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: <u>Farmers</u> Insurance Co. Tel #: <u>775 359 2256</u>	
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number: _____			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service: _____ Balance: _____ Contact Number: _____ Loan Number: _____ <u>None</u>			
HARDSHIP AFFIDAVIT			
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):			
<input checked="" type="checkbox"/> My household income has been reduced or lost. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) or divorce of a borrower or co-borrower.		<input checked="" type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.	
<input checked="" type="checkbox"/> My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.		<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments).	
<input type="checkbox"/> Other: _____			
Explanation (Required): _____ _____ _____ _____ _____			

If additional space is needed for Explanation, please include an additional page.

LONG0171

FINANCIAL ANALYSIS FORM

(Continued)

Account Number 7440353498

1. Monthly Household Income		2. Monthly Household Expenses/Debt		3. Household Assets	
Gross Salary/Wages Gross salary/wages = total monthly income before any tax withholding or employer deductions.	\$ <u>9500</u>	First Mortgage Payment	\$ <u>2933.18</u>	Checking Account(s) Balance	\$
Overtime	\$ <u>—</u>	Second Mortgage Payment/Liens/Rents <u>Vargas Inc 644m</u>	\$ <u>1500.00</u>	Checking Account(s) Balance	\$
Child Support/Alimony*	\$ <u>—</u>	Insurance - hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment)	\$	Savings/Money Market	\$ <u>0</u>
Social Security/SSDI	\$ <u>—</u>	Property Taxes (If not escrowed and included in your current mortgage payment)	\$	CDs	\$ <u>0</u>
Other monthly income from pensions, annuities or retirement plans	\$ <u>—</u>	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$ <u>600+</u>	Stocks/Bonds	\$ <u>0</u>
Tips, commissions, bonus and self-employed income	\$ <u>—</u>	Alimony, child support payments	\$ <u>—</u>	Other Cash on Hand	\$ <u>0</u>
Rents Received	\$ <u>—</u>	Health Insurance	\$ <u>600-</u>	Other Real Estate (estimated value)	\$ <u>0</u>
Unemployment Income	\$ <u>—</u>	HOA/Condo Fees/Property Maintenance	\$ <u>—</u>	Other	\$
Food Stamps/Welfare	\$ <u>—</u>	Car Payments	\$ <u>510</u>	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	\$
Other (investment income, royalties, interest, dividends etc)	\$ <u>—</u>	Medical Expenses	\$ <u>100</u>		
		Child Care	\$ <u>—</u>		
		Student Loans/Personal Loans	\$ <u>1200</u>		
		Auto Expenses /Gasoline/Insurance	\$ <u>800</u>		
		Food/Household Supplies	\$ <u>800</u>		
		Water/Sewer/Utilities/Phone(s)/Cable	\$ <u>400</u>		
		Other	\$		
Total (Gross income)	\$ <u>9500</u>	Total Debt/Expenses	\$ <u>9903</u>	Total Assets	\$ <u>0</u>

*Include combination income and expenses from the borrower and co-borrower(s) if any. If you include income and expenses from a household member who is not a borrower, please explain in a separate statement. You are not required to disclose child support, alimony or separation/maintenance income unless you choose to have it considered by your lender.
If additional space is needed, please include an additional page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
<p>The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.</p>			
BORROWER <input checked="" type="checkbox"/> I do not wish to furnish this information		CO-BORROWER <input checked="" type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer			
This application was taken by:		Interviewer's Name (print or type) & ID Number	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Interviewer's Signature Date Interviewer's Phone Number (include area code)	
Name/Address of Interviewer's Employer			

LONG0172

ACKNOWLEDGEMENT AND AGREEMENT

Account Number

144035498

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

Borrower Signature

Date

Co-Borrower Signature

Date

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPETM Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPETM
Homeowner's HOPE Hotline

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



LONG0173

4506T-EZ
Form
(October 2009)
Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. <i>Pamela D. Longoni</i>	1b First social security number on tax return <i>530 846173</i>
2a If a joint return, enter spouse's name shown on tax return. <i>Jean M. Gagnon</i>	2b Second social security number if joint tax return <i>530 792165</i>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code <i>5540 Twin Creeks Dr. Reno NV 89523</i>	
4 Previous address shown on the last return filed if different from line 3	

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign
Here

Signature (see instructions)

Date

Telephone number of
taxpayer on line 1a or 2a

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (10-2009)

LONG0174